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APPLICANTS

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** CONTINUING DATA ***** None ing

** FOREIGN APPLICATIONS ***** None ing

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 07/29/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 13	TOTAL CLAIMS 47	INDEPENDENT CLAIMS 3
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35 USC 119 (a-d) conditions met
☐ yes ☐ no ☐ Met after Allowance

Verified and Acknowledged
 Examiner's Signature: *[Signature]* Initials: *IMS*

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TITLE
 Dual gate finfet

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)

1256

☐ 1.18 Fees (Issue)

☐ Other _____

☐ Credit